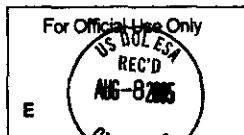


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|---|---|
| 1. File Number U - <u>5241</u> | 2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004 |
| 3. Name and address of person filing. Name DONALD E HIBBS P.O. Box, Bldg., Room No., if any Street 232 BROMLEY COURT City ROBBINSVILLE State New Jersey ZIP Code + 4 08691 | 4. Name, file number, and address of labor organization. Name HEAVY & GENERAL CONS. LAB. LOCAL 472 Labor Organization File Number 007-246 P.O. Box, Building and Room Number, if any Street 700 RAYMOND BOULEVARD City NEWARK State New Jersey ZIP Code + 4 07105 |
| 5. Position in labor organization. SERGEANT-AT-ARMS/BUSINESS REP | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |

Signature

| | | |
|--|---------------|------------------|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | |
| Signed | On 07/07/2005 | 973-589-5050 |
| | Date | Telephone Number |

| | |
|------------------------------------|----------------|
| Name of Person Filing DONALD HIBBS | File Number U- |
|------------------------------------|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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|---|---|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name ZAZZALI, FAGELLA, NOWAK, KLEINBAUM & FRIEDMAN</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street ONE RIVERFRONT PLAZA</p> <p>City NEWARK</p> <p>State New Jersey ZIP Code + 4 07102</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>11.a. Nature of such dealing.</p> <p>LAW FRIM THAT REPRESENTS LABORERS LOCAL 472 ON A MONTHLY RETAINER OF \$6,000.00.</p> <p>monthly retainer</p> <p>11.b. Approximate dollar value of such dealing. \$6,000</p> <p>12.a. Nature of interest held or income received.</p> <p>RECEIVED A TRADITIONAL HOLIDAY SEASON FRUIT/FOOD BASKET which I ASSUME THAT THE VALUE TO BE GREATER THAT \$25.00</p> <p>12.b. Amount.</p> |

unknown

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|---|---------------------------------|
| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p> | |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p> | <p>14.b. Amount of payment.</p> |

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| Name of Person Filing DONALD HIBBS | File Number U- |
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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|--|--|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name NEW JERSEY LECET</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 104 INTERCHANGE PLAZA SUITE 301</p> <p>City MONROE TWP</p> <p>State New Jersey ZIP Code + 4 08831</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>11.a. Nature of such dealing.</p> <p>LABORERS ORGANIZATION</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>DINNER FOLLOWING FRIENDS OF IRELAND RECEPTION HONORING GENERAL PRESIDENT O'SULLIVAN ESTIMATED COST OT BE \$163.66</p> <hr/> <p>12.b. Amount. \$164</p> |

Name of Person Filing DONALD HIBBS

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NEW JERSEY LECET

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 104 INTERCHANGE PLAZA SUITE 301

City MONROE TWP

State New Jersey ZIP Code + 4 08831

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

LABORERS ORGANIZATION

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

EASTERN REGION HOLDIAY RECEPTION FORSGATE COUNTRY CLUB, MONROE, NJ ESTIMATED COST TO BE OVER \$25.00

12.b. Amount.

unknown

| | |
|------------------------------------|----------------|
| Name of Person Filing DONALD HIBBS | File Number U- |
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Part B Continuation Page

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| | |
|---|--|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name NEW JERSEY LECET</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 104 INTERCHANGE PLAZA SUITE 301</p> <p>City MONROE TWP</p> <p>State New Jersey ZIP Code + 4 08831</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>11.a. Nature of such dealing.</p> <p>LABORERS ORGANIZATION</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>BUILDING AND CONSTRUCTION TRADES COUNCIL CAESAR'S HOTEL, ATLANTIC CITY, NJ DINNER ESTIMATED COST OF \$111.03</p> <hr/> <p>12.b. Amount. \$111</p> |

